

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 16 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8523	2. Fiscal Year Covered From: 01 / 01 / 2004 Through 12 / 31 / 2004		
3. Name and address of person filing. Name Robert E. Westerman	4. Name, file number, and address of labor organization. Name IBEW Local 932 Labor Organization File Number 048-006		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 209 NE 52nd	Street 3427 Ash St.		
City Newport	City North Bend		
State Oregon	ZIP Code + 4 97365	State Oregon	ZIP Code + 4 97459
5. Position in labor organization. Business Manager/Financial Secretary			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). Name Cascade Pension Trust	7.a. Nature of Interest, Transaction, or Income. I attended an International Foundation Benefits Conference/Seminar held in New Orleans.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 300		
Street 1200 SW Morrison		
City Portland	7.b. Amount.	
State Oregon	<table border="1"><tr><td>\$3,733</td></tr></table>	\$3,733
\$3,733		

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)	
Signed 	On 08/10/2005 Date 08/10/05 Telephone Number 541/265-6721

Name of Person Filing Robert Westerman		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>6. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> Oregon ZIP Code + 4 <input type="text"/></p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> Oregon ZIP Code + 4 <input type="text"/></p>		<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount. <input type="text"/></p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/> N/A</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>		<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment. <input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		